Ohio

GOVERNOR'S

CHILDREN'S INITIATIVE

Ohio's Early Childhood Strategic Plan:

Growing Ohio's Future

2020 - 2022

"Just as the twig is bent, the tree's inclined."

– Alexander Pope

childrensinitiatives.ohio.gov

MIKE DEWINE

GOVERNOR OF OHIO

Ohio's Early Childhood Strategic Plan:

Growing Ohio's Future 2020-2022

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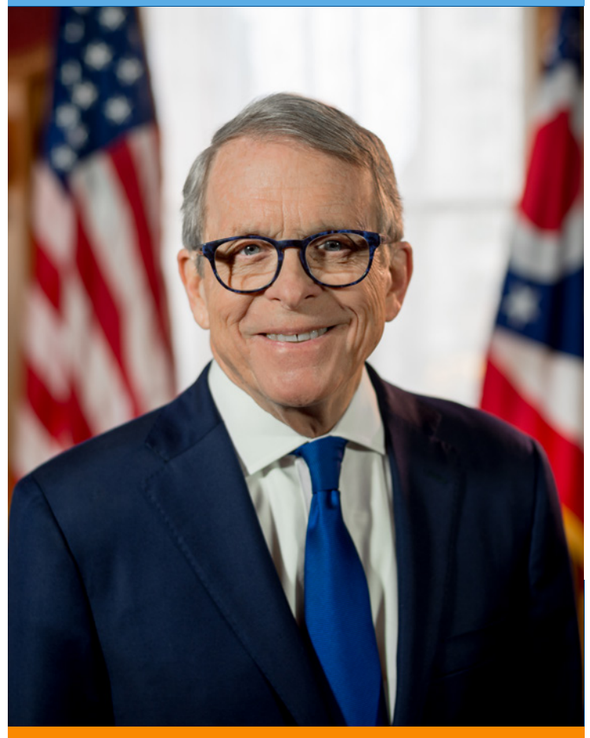
Letter from the Governor



Dear Ohioans:

We reap what we sow: children's ability to flourish depends on the seeds we plant in the first few years of their lives. But too many Ohio families are still living on the margins. Inequities in Ohio are apparent in the state's economic, educational, and health disparities. Whether in our cities or the hills of Appalachia, Ohioans across every county are not living up to their God-given potential because they simply do not have the same opportunities as other Ohioans. That is wrong. And we have a moral obligation to strive every day to do something about it.

Growing Ohio's Future, the state's early childhood strategic plan, is essential to a future that includes equitable opportunities for even the most marginalized communities, addresses our vulnerabilities, fears, outrage, uncertainty, and injustices - and sees our hopes and dreams come to fruition.

We must continue to work to fight Ohio's drug epidemic and its impacts, reduce infant and maternal mortality, focus on home visiting programs for parents and their young children, improve the quality and availability of child care, reform foster care, address the needs of children with complex health and mental health challenges, and improve wellness and mental health supports for children.

I thank the determined leaders throughout Ohio who work tirelessly each day to improve services and systems for young children, their families, and the broader communities in which we Ohioans live. These leaders are everywhere - in our government agencies, our early care and education programs, our human services programs, our schools, our communities of faith, our places of business, our families. Without them, our plan cannot be implemented; it is only together - with faith, hope, and confidence - that we will see our children grow and thrive.

Very Respectfully Yours,

Mike DeWine

Executive Summary

Nearly one-third of Ohio's 2.9 million children are under the age of six, with 135,000 newborns each year.[i] For Ohio as a whole, the well-being and health of children ranks in the bottom half of the nation, which has far-reaching consequences for Ohio's future.[ii] Nearly five out of 10 young children live in low-income families.[iii] Seventy percent of young children are white, 15 percent are African-American, 6 percent are Latino, and 2 percent are Asian.[iv]

The importance of the early years cannot be overstated. Brain development starts prenatally and continues at a rapid pace throughout the earliest years. A child's first 1,000 days - roughly from conception to age two - lay the foundation for the rest of his or her life.[v] To nurture their children's bodies and minds, parents and caregivers need support and the right resources. High-quality care for children, starting before birth and continuing through childhood, ensures that their brains grow well and reach their full potential.[vi] The quality of support young children and their families receive from the start will benefit not only their own health, educational, and financial outcomes but also our state's economy.[vii]

But Ohio's young children and their families face several challenges in critical areas including substance-abuse exposure, infant mortality, school readiness, child welfare, and mental health. In fact, six in 10 of Ohio's young children face two or more challenges that can derail their healthy development and learning.[viii] Broken down by income, children of all ages living in families with fewer resources fare worse, with racial disparities having a negative, consequential impact. For example, the death rate for Black infants is nearly three times as high as it is for White infants.

The priorities for young children that have been consistently articulated by Governor DeWine make up the heart of the plan: reducing the incidence of infants born with neonatal abstinence syndrome, improving access to and quality of early childhood education, increasing home visits for at-risk mothers, providing a mental health professional in every school, reforming the foster care system, and providing age-appropriate drug prevention education in schools.

The values and principles that inform Growing Ohio's Future are:

1. We believe that intervening early, especially in the lives of at-risk children, and particularly in the areas of physical and emotional well-being, can forever change lives and that children with a strong, safe start in their early years become more productive adults.
2. We believe that focusing on equity will enable us to better address disparities of access and outcome, particularly in the areas of race and ethnicity.
3. We believe that optimizing and leveraging our collective resources will better equip and support families, communities, and early childhood professionals.
4. We believe that both innovations and best practice focused on excellence are foundational to our work.
5. We believe that collective action, synergy, alignment, and persistence are key: no single state agency is tasked with the sole function of improving the well-being of families and children.

Plan At-A-Glance

Goal 1

Reduce the incidence of neonatal abstinence syndrome (NAS) and substance-exposed infants.

Performance Targets

- Reduce the rate of NAS incidence per 1,000 hospital deliveries by two percent per year.
- By June 30, 2021, cross-system trainings on FASD will be provided to at least 100 providers.

Lead State Agencies

Department of Medicaid
Department of Mental Health and Addiction Services

Strategies

Strategy 1.1	Provide specialized substance use disorder treatment services for pregnant and parenting women that combine primary medical care, therapeutic interventions for children, case management, and transportation through the Pregnant and Parenting Women's Networks
Strategy 1.2	Initiate a new mother-baby dyad model that coordinates and couples services for women with OUD and babies with NAS through Medicaid.
Strategy 1.3	Provide treatment to pregnant and postpartum women with OUD through the Maternal Opiate Medical Supports (MOMS 1.0) team, a healthcare delivery model with care coordination and wrap-around services for expecting mothers.
Strategy 1.4	Extend from two to 12 months Medicaid eligibility for all postpartum women.
Strategy 1.5	Triple the reach of evidence-based home visiting services [See Goal 2].

Goal 2

Triple the number of families served by home visiting.

Performance Targets

- By June 30, 2021, the number of families enrolled in home visiting will increase by 10 percent or 1,025 families in the state-funded Help Me Grow program.
- By June 30, 2021, home visiting services will be provided in all 88 counties by adding providers in seven unserved counties.
- By June 30, 2021, Early Intervention service coordination agencies will complete at least 500 referrals to ODH Home Visiting programs.

Lead State Agencies

Department of Developmental Disabilities
Department of Health
Department of Medicaid

Strategies

Strategy 2.1	Improve supports for the home visiting workforce by matching educational requirements to the evidence-based model, providing professional development that promotes cultural competence, and creating career pathways.
Strategy 2.2	Improve the connection between child welfare and home visiting services.
Strategy 2.3	Train home visitors on the maternal depression tool to support increased referrals.
Strategy 2.4	Strategy 2.4 Initiate a targeted recruitment campaign to reach MIECHV counties that are under 80 percent enrollment, counties that have low enrollment, communities with high African American populations, and obstetrical providers.
Strategy 2.5	Strategy 2.5 Ensure portability of eligibility across models, providers, and geographic boundaries.
Strategy 2.6	Develop rates that are tied to the skill level of the home visitor, fund supervision, and enable providers to expand their programs.
Strategy 2.7	Continue support for Early Intervention, including expanded access for children with elevated blood lead levels and children diagnosed with Neonatal Abstinence Syndrome.
Strategy 2.8	Provide annual grants to address racial disparities in infant mortality in high-incidence communities.
Strategy 2.9	Provide Medicaid-eligible women with support and services to address infant mortality and social determinants of health through the Maternal and Infant Support Program (MISP), which includes population health measures for maternal care providers; develops reimbursement for nurse home visiting services, doula services, lactation services, and group pregnancy services; and invests in community efforts focused on reducing the racial disparity in African American infant outcomes through Managed Care.
Strategy 2.10	Continue Children's Trust Fund focus on prevention of child abuse for children older than age two.

Goal 3

High-quality child care is available and accessible for all children.

Performance Targets

- By September 1, 2020, all programs providing publicly funded child care will be participating in Step Up To Quality and ratings will be maintained and/or increased during SFY 2021.
- By June 30, 2021, an inclusion policy for the state that includes children who are served in Early Intervention will be established.
- By June 30, 2021, Early Intervention service coordination agencies will complete outreach to at least 200 child care programs on/how to make a referral to Early Intervention.

Lead State Agencies

Department of Developmental Disabilities
Department of Education
Department of Jobs and Family Services

Strategies

Strategy 3.1	Require all child care programs receiving publicly funded child care to participate in Step Up To Quality.
Strategy 3.2	Continue to provide financial assistance to families earning up to 130 percent of the federal poverty line to access quality child care.
Strategy 3.3	Expand the reach of Early Childhood Mental Health Consultants beyond child care and into Early Intervention.
Strategy 3.4	Continue preschool special education for preschool-age children with developmental delays and disabilities.
Strategy 3.5	Continue the provision of Ohio's publicly funded preschool through the Ohio Department of Education.
Strategy 3.6	Ensure preschool-age children have access to preschool in a variety of settings including Head Start, publicly funded preschool, and quality child care by mapping availability.
Strategy 3.7	Expand the number of providers who attain the Ohio Infant Mental Health Credential, which is designed to improve skills of all providers who work with infants to age one.

Goal 4

Reform the foster care system.

Performance Targets

- Begin implementation of the prevention services and Qualified Residential Treatment Program guidelines required under the federal Family First Prevention Services Act.
- By June 30, 2021, in-home supports for youth and families to avoid custody relinquishment and increase access to mental health treatments and family supports, with the inclusion of at least one Mental Health/Department of Disabilities provider pilot, will be expanded.
- Ohio START programming will be expanded to additional counties within the state biennium period 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate placement of 70 percent of youth with safe and appropriate adult relatives within the state biennium 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate identification of at least 80 relatives per case within the state biennium 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate at least one backup placement for 75 percent of youth served within the state biennium 2019-2021.

Lead State Agencies

Department of Developmental Disabilities
Department of Jobs and Family Services
Department of Mental Health and Addiction Services

Strategies

Strategy 4.1	Lead comprehensive foster care reform through creation of the Office of Children Services Transformation within the Ohio Department of Job and Family Services.
Strategy 4.2	Create an independent ombudsman for Ohio's children services system.
Strategy 4.3	Leverage the Family First Prevention Services Act to enhance Ohio's continuum of care for children in the children services system, including prevention, treatment, and recovery services.
Strategy 4.4	Use the Family First Prevention Services Act to alleviate the need for placement of children in foster care and reduce the number of children in a congregate care setting.
Strategy 4.5	Initiate intensive family finding upon a child's placement in foster care.
Strategy 4.6	Expand Ohio START to at least 50 total participant counties during the biennium, to support families struggling with co-occurring child maltreatment and substance abuse.
Strategy 4.7	Expand access to in-patient care for children with physical or developmental delays and behavioral health needs.
Strategy 4.8	Provide Mobile Response Stabilization Services and on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes and schools.

Goal 5

Provide prevention education in every grade, every year.

Performance Targets

- Increase school district participation in state and national youth behavior surveys.
- By June 30, 2021, at least 75 percent of school districts will complete a self-assessment and action plan for the K-12 Prevention Education Initiative
- By June 30, 2021, at least 50 ADAMH Boards will participate as conveners in the delivery of prevention education in schools.
- By June 30, 2021, at least 75 percent of districts completing action plans will complete an implementation report describing their prevention activities.
- By June 30, 2021, the number and percent of schools that use prevention programs and supports during the school day at elementary, middle, and high school levels will increase.

Lead State Agencies

Department of Education
Ohio Department of Health
Department of Mental Health and Addiction Services

Strategies

Strategy 5.1	Strategy 5.1 Expand the use of standardized youth prevention survey instruments (Youth Risk Behavior Survey and OHYES!) for improved statewide and community-specific data that can be beneficial for the development of programming to allow local communities to compare their results to the state average and allow state policymakers to compare Ohio to other states.
Strategy 5.2	Expand access to prevention education programming in all Ohio schools.
Strategy 5.3	Provide all school districts with access to statewide professional development resources on mental health, wellness, and drug use prevention education.
Strategy 5.4	Incorporate the Social and Emotional Learning Standards and the statewide Positive Behavioral Interventions and Support framework into school-based prevention efforts.

Goal 6

Every Ohio school has access to mental health professionals.

Performance Targets

- By June 30, 2021, more Ohio school buildings will have access to a mental health professional, whether through in-person or telehealth services.

Lead State Agencies

Department of Education
Department of Medicaid
Department of Mental Health and Addiction Services

Strategies

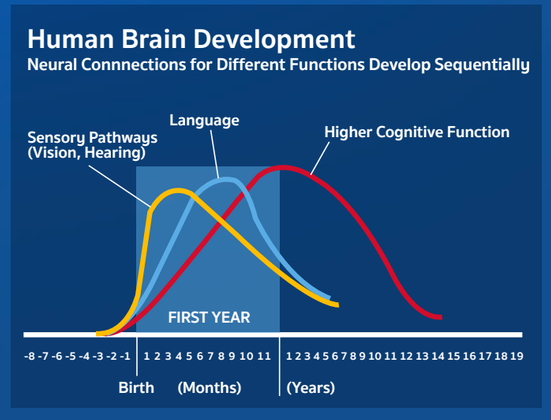
Strategy 6.1	Empower local districts to work in collaboration with community partners and mental health providers.
Strategy 6.2	Provide Student Wellness and Success funding to schools to address the physical and behavioral health needs of their students.
Strategy 6.3	Continue the Department of Medicaid telehealth pilot program to connect more communities to quality behavioral health care services through telemedicine.
Strategy 6.4	Offer workforce development programming for critical mental health occupations including prevention, social work, school psychology, school counseling, and other behavioral health specialists.

The State of Ohio's Children

Nearly one-third of Ohio's 2.9 million children are under the age of six, with 135,000 newborns each year.[ix] For Ohio as a whole, the well-being and health of children ranks in the bottom half of the nation, which has far-reaching consequences for Ohio's future.[x] Nearly five out of 10 young children live in low-income families.[xi] Seventy percent of young children are white, 15 percent are African-American, 6 percent are Latino, and 2 percent are Asian.[xii]

The importance of these early years cannot be overstated. The experiences of young children and their families have a lasting impact over time that is seen in Ohio's communities, educational outcomes, and economy. Brain development starts prenatally and continues at a rapid pace throughout the earliest years. A child's first 1,000 days - roughly from conception to age two - lay the foundation for the rest of his or her life.[xiii] In these important few months, critical parts of the child's brain form, including those controlling vision, hearing, language, and higher order processing. As noted by the Centers for Disease Control and Prevention, "nurturing and responsive care for the child's body and mind is the key to supporting healthy brain development. Positive or negative experiences can add up to shape a child's development and can have lifelong effects. To nurture their child's body and mind, parents and caregivers need support and the right resources. The right care for children, starting before birth and continuing through childhood, ensures that the child's brain grows well and reaches its full potential."[xiv]

Figure 1. *Human brain development.*[xv]

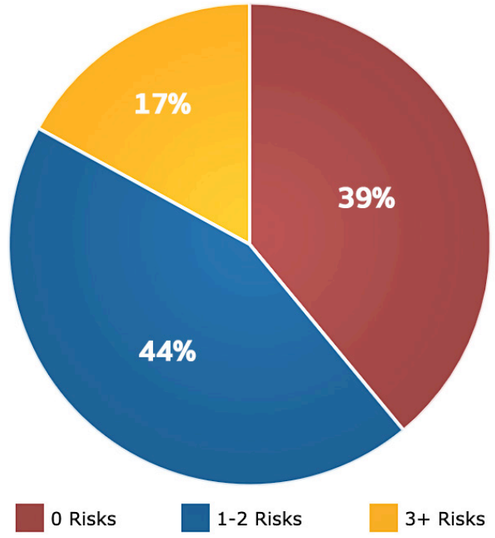


Source: Center on the Developing Child. (N.D.) The Science of Early Childhood Development. Retrieved from https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf

Ohio's young children and their families face several challenges in critical areas including substance-use exposure, infant mortality, school readiness, child welfare, and mental health. In fact, six in 10 of Ohio's young children face two or more challenges that can derail their healthy development and learning.[xvi]

Figure 2. *Exposure to multiple risk factors among young children in Ohio (2018)*

Exposure to Multiple Risk Factors Among Young Children, 2018*



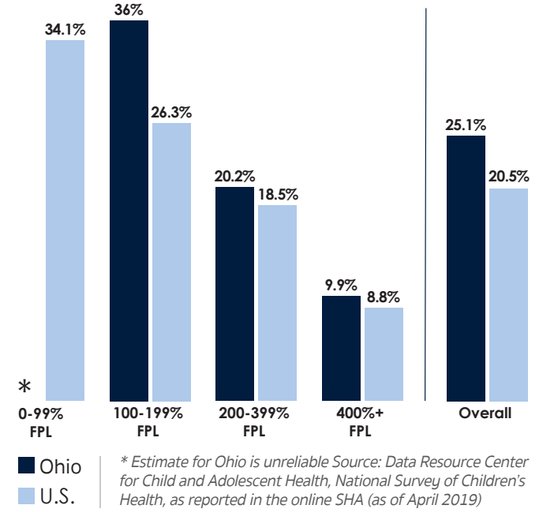
** This graph includes all possible risk factors: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.*

Source: National Center for Children in Poverty http://www.nccp.org/profiles/OH_profile_16.html

In fact, Ohio children fare worse than their peers across the nation in the incidence of adverse childhood experiences (ACEs).

Figure 3. *Exposure to multiple risk factors among young children in Ohio (2018)*

Percent of Children with Two or More Adverse Childhood Experiences, by Household Income, Ohio and U.S., 2016-2017



** Estimate for Ohio is unreliable Source: Data Resource Center for Child and Adolescent Health, National Survey of Children's Health, as reported in the online SHA (as of April 2019)*

Source: Health Policy Institute of Ohio and Ohio Department of Health. (2019). State Health Assessment Summary Report. Retrieved from https://www.healthpolicyohio.org/wp-content/uploads/2019/11/2019SHA_SummaryReport_Final.pdf

Starting in the perinatal period, there are significant difficulties to address. For example, Ohio is 41st in the nation in infant mortality, and there is a sharp disparity in the infant mortality rates by race: the Black infant mortality rate is 15.6 deaths per 1,000 live births compared to 5.3 deaths per 1,000 live births for White babies.[xvii] Thus, the death rate for Black babies is nearly three times as high as it is for White babies.

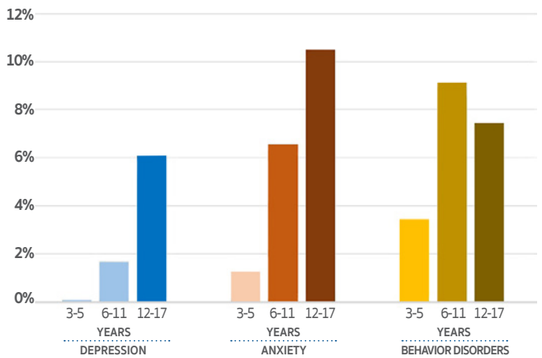
Additionally, opioid use disorder (OUD) among pregnant women is increasing, leading to neonatal abstinence syndrome (NAS) in babies; mothers seeking treatment are frequently separated from their babies, with the families becoming part of the child welfare system and the children missing opportunities for early bonding and breastfeeding.[xviii]

It is not just young children with mothers with OUD who are entering the child welfare system. Ohio has experienced a 30 percent increase in participation in the child welfare system since 2011. This means that 16,000 Ohio children are in child welfare custody on any given day, with one in seven children having experienced neglect. For children living in low-income families, the rates are five times as high. "Leaving" the system is no guarantee of freedom from child abuse and neglect: almost 10 percent experience additional child maltreatment within a year.[xix]

According to the National Survey of Children's Health, children of all ages—starting with very young children—have mental health issues including ADHD, behavior problems, anxiety, and depression. One in six US children aged two–eight years (17.4 percent) have a diagnosed mental, behavioral, or developmental disorder, and diagnoses of depression and anxiety are more common with increased age. Behavior problems are more common among children aged six–eleven years than children younger or older.[xx]

Figure 4. *Depression, anxiety, and behavior disorders by age for US children*

Depression, Anxiety, Behavior Disorders by Age



Source: Centers for Disease Control and Prevention. (2020). Children's Mental Health: Data and Statistics on Children's Mental Health. Retrieved from https://www.cdc.gov/childrensmentalhealth/data.html.

Quality early care and education is key to school readiness. Ninety-one percent of Ohio's early care and education programs have committed to quality by enrolling in Ohio's quality rating system, Step Up To Quality. These providers serve more than 104,000 children. While this is a significant increase in participation, most of these programs are at the beginning stage of attaining quality. In Ohio and nationally, families often face waitlists and shortages of quality child care options. Meanwhile, just four in 10 Ohio children have the skills they need upon entering kindergarten.[xxi]

The challenges for young children, their families, and Ohio's communities are not insurmountable. In each of these key areas - substance-use exposure, infant mortality, school readiness, child welfare, and mental health - solutions are available. Growing Ohio's Future also recognizes the synergistic nature of children's development. Just as children are developing and growing in many ways, the areas addressed in the strategic plan reinforce and support one another, allowing for improvements that will benefit Ohio's children, families, and communities.

Plan Development, Vision, and Approach

The vision for *Growing Ohio's Future* is creating physically and emotionally strong kids who are safe and ready for kindergarten.

Growing Ohio's Future is an element of Governor DeWine's Office of Children's Initiatives'. The Initiative was authorized by an executive order, issued in January 2019, for the purpose of supporting the state's children through a focus on home visiting, early childhood education, foster care, and child physical and mental health. The office's work?, which is responsible for the plan, has been informed by a solid, multi-year foundation of early childhood strategic planning involving the Cross-Agency Leadership Team and the Ohio Early Childhood Advisory Council (ECAC). The Cross-Agency Leadership Team is made up of senior staff from the Ohio Departments of Developmental Disabilities, Education, Health, Job and Family Services, Medicaid, and Mental Health and Addiction Services. (See Acknowledgements for list of participants.) The Ohio Early Childhood Advisory Council provides input and guidance to the Governor's Office of Children's Initiatives. ECAC membership includes a diverse array of stakeholders from early childhood programs, schools, health, social services, unions, philanthropy, and other groups. (See Acknowledgements for ECAC membership list.)

To create *Growing Ohio's Future*, the Governor's Initiative staff, together with the Cross-Agency Leadership Team, reviewed the previous planning work and the progress made in realizing strategic objectives of that work. Other groups also contributed to the plan development, including the Children Services Transformation Advisory Council, Governor's Advisory Committee on Home Visitation, RecoveryOhio Advisory Council, and Multi-System Youth Action Committee. The priorities for young children that have been consistently articulated by Governor DeWine make up the heart of the plan: reducing the incidence of infants born with neonatal abstinence syndrome, improving access to and quality of early childhood education, increasing home visits for at-risk mothers, providing a mental health professional in every school, reforming the foster care system, and adding age-appropriate prevention education to schools.

The values and principles that inform Growing Ohio's Future are:

1. We believe that intervening early, especially in the lives of at-risk children, and particularly in the areas of physical and emotional well-being, can forever change lives and that children with a strong, safe start in their early years become more productive adults.
2. We believe that focusing on equity will enable us to better address disparities of access and outcome, particularly in the areas of race and ethnicity.
3. We believe that optimizing and leveraging our collective resources will better equip and support families, communities, and early childhood professionals.
4. We believe that both innovations and best practice focused on excellence are foundational to our work.
5. We believe that collective action, synergy, alignment, and persistence are key: no single state agency is tasked with the sole function of improving the well-being of families and children.

The plan is organized into six goal areas, each with strategies, performance targets, and identification of responsible state agencies. The first three goals are squarely focused on early childhood systems, with a focus on prenatal through age five. There are three goals associated with broader children's systems that must be strengthened in order for early childhood efforts to be fully realized and help assure that the work beginning in the prenatal period is sustained throughout childhood and into adulthood. All public agencies involved in this effort understand, as well, that the skills and knowledge of the professionals who work directly with children, across the age spectrum, are crucial to children's gains and benefits. The strategies encourage collaborative work that can most efficiently leverage knowledge and resources.

The Plan

Seeds to Saplings:

Early childhood systems for prenatal through age five

Goal 1

Reduce the incidence of neonatal abstinence syndrome (NAS) and substance-exposed infants.

Due to surging use of opioids among pregnant women, Ohio is seeing an increase in the number of newborns with neonatal abstinence syndrome (NAS). Babies with NAS may suffer lifelong consequences, including developmental and behavioral impairments; they are also at increased risk for infant death. Between 2006 and 2018, babies discharged with NAS went from 20 per 10,000 live births to 142 per 10,000 live births, 7.1 times the rate in 2006. The strategies to realize this goal address changes in treatment that acknowledge the need for a more comprehensive approach that recognizes the mother-baby dyad (1.1, 1.2, 1.3) and extended health care coverage for post-partum women (1.4). Additionally, home visiting, which is more thoroughly discussed in Goal 2, is understood as an integral strategy to realize the goal of reducing Opioid Use Disorder (OUD) and NAS.

Strategies

Strategy 1.1	Provide specialized substance use disorder treatment services for pregnant and parenting women that combine primary medical care, therapeutic interventions for children, case management, and transportation through the Pregnant and Parenting Women's Networks
Strategy 1.2	Initiate a new mother-baby dyad model that coordinates and couples services for women with OUD and babies with NAS through Medicaid.
Strategy 1.3	Provide treatment to pregnant and postpartum women with OUD through the Maternal Opiate Medical Supports (MOMS 1.0) team, a healthcare delivery model with care coordination and wrap-around services for expecting mothers.
Strategy 1.4	Extend from two to 12 months Medicaid eligibility for all postpartum women.
Strategy 1.5	Triple the reach of evidence-based home visiting services [See Goal 2].

Performance Targets

- Reduce the rate of NAS incidence per 1,000 hospital deliveries by two percent per year.
- By June 30, 2021, cross-system trainings on FASD will be provided to at least 100 providers.

Lead State Agencies

Department of Medicaid
Department of Mental Health and Addiction Services

Goal 2

Triple the number of families served by home visiting.

Home visiting has a proven track record as a support for families with young children.[xxii] Well-recognized benefits include improvement in health for mothers and babies, school readiness, child safety, family self-sufficiency, and deployment of public resources. In the health arena, for example, according to a Child and Family Research Partnership study, mothers who participated in a home visiting program were half as likely to have low birth weight babies, which greatly reduced these babies' risk for health and developmental problems.[xxiii] Ohio's goal to triple home visiting includes expansion of access to and quality within an evidence-based approach (2.1, 2.2, 2.3, 2.4, 2.5, 2.6), opportunities to strengthen home visiting provided in Early Intervention (2.7), new connections to support home visiting in Ohio's Medicaid program that focus on racial disparities (2.8, 2.9), and inclusion of a focus on infant mortality, child abuse and neglect, and maternal depression (2.3, 2.10).

Strategies

Strategy 2.1	Improve supports for the home visiting workforce by matching educational requirements to the evidence-based model, providing professional development that promotes cultural competence, and creating career pathways.
Strategy 2.2	Improve the connection between child welfare and home visiting services.
Strategy 2.3	Train home visitors on the maternal depression tool to support increased referrals.
Strategy 2.4	Strategy 2.4 Initiate a targeted recruitment campaign to reach MIECHV counties that are under 80 percent enrollment, counties that have low enrollment, communities with high African American populations, and obstetrical providers.
Strategy 2.5	Strategy 2.5 Ensure portability of eligibility across models, providers, and geographic boundaries.
Strategy 2.6	Develop rates that are tied to the skill level of the home visitor, fund supervision, and enable providers to expand their programs.
Strategy 2.7	Continue support for Early Intervention, including expanded access for children with elevated blood lead levels and children diagnosed with Neonatal Abstinence Syndrome.
Strategy 2.8	Provide annual grants to address racial disparities in infant mortality in high-incidence communities.

Strategy 2.9 Provide Medicaid-eligible women with support and services to address infant mortality and social determinants of health through the Maternal and Infant Support Program (MISP), which includes population health measures for maternal care providers; develops reimbursement for nurse home visiting services, doula services, lactation services, and group pregnancy services; and invests in community efforts focused on reducing the racial disparity in African American infant outcomes through Managed Care.

Strategy 2.10 Continue Children's Trust Fund focus on prevention of child abuse for children older than age two.

Performance Targets

- By June 30, 2021, the number of families enrolled in home visiting will increase by 10 percent or 1,025 families in the state-funded Help Me Grow program.
- By June 30, 2021, home visiting services will be provided in all 88 counties by adding providers in seven unserved counties.
- By June 30, 2021, Early Intervention service coordination agencies will complete at least 500 referrals to ODH Home Visiting programs.

Lead State Agencies

Department of Developmental Disabilities
Department of Health
Department of Medicaid

Goal 3

High-quality child care is available and accessible for all children.

Providing the opportunity for young children to participate in a quality child care program sets them on a successful path for life. It allows children to start learning socialization skills, having educational experiences, and become kindergarten ready. Quality early care and education contributes to improvements for children in critical areas such as behavior and emotion, cognitive achievement, and educational achievement. But too few of Ohio's young children have quality opportunities in early care and education. The strategies to ensure quality is available and accessible include linking the state's quality improvement initiative, Step Up To Quality, to public payment (3.1, 3.2). Progress is already occurring in this area. Nearly 15 months after Governor DeWine took office, Ohio saw a 47 percent increase in participation in Step Up To Quality; the state went from having 43 percent of programs rated on Ohio's quality rating system to having more than 90 percent rated. Complementing this work are other strategies to integrate mental health supports into child care (3.3, 3.7) and to continue to offer inclusive preschool education opportunities , serving children with typical development (3.5) as well as with developmental delays and disabilities (3.4) in a variety of settings (3.6).

Strategies

Strategy 3.1 Require all child care programs receiving publicly funded child care to participate in Step Up To Quality.

Strategy 3.2 Continue to provide financial assistance to families earning up to 130 percent of the federal poverty line to access quality child care.

Strategy 3.3 Expand the reach of Early Childhood Mental Health Consultants beyond child care and into Early Intervention.

Strategy 3.4 Continue preschool special education for preschool-age children with developmental delays and disabilities.

Strategy 3.5 Continue the provision of Ohio's publicly funded preschool through the Ohio Department of Education.

Strategy 3.6 Ensure preschool-age children have access to preschool in a variety of settings including Head Start, publicly funded preschool, and quality child care by mapping availability.

Strategy 3.7 Expand the number of providers who attain the Ohio Infant Mental Health Credential, which is designed to improve skills of all providers who work with infants to age one.

Performance Targets

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- By June 30, 2021, Early Intervention service coordination agencies will complete outreach to at least 200 child care programs on/how to make a referral to Early Intervention.

Lead State Agencies

Department of Developmental Disabilities
Department of Education
Department of Jobs and Family Services

Goal 4

Reform the foster care system.

On any given day in Ohio, more than 16,000 children are in the custody of a public child services agency, representing an increase of 30 percent since 2011. Tragically, almost 10 percent of child victims experience a repeat incident of child maltreatment within one year. Studies show that at least one in seven children has experienced child abuse and/or neglect in the past year, and the rates of child abuse and neglect are five times higher for children in families with low socio-economic status. Not only does neglect and abuse cause problems for the child immediately, but it can also cause lifelong effects. Examples of consequences include future violence victimization and perpetration, substance abuse, delayed brain development, involvement in sex trafficking, and lower educational attainment. Governor's DeWine's Children Services Transformation Advisory Council has travelled the state listening to individuals about how they have been touched by the child services system while also giving recommendations on how to fix it. Considerable input has been obtained from nearly 1,500 Ohioans through forums and testimony. The reform strategies address systems issues including leadership, youth voice, coordination and prevention (4.1, 4.2, 4.3, 4.4), family engagement (4.5), and improvements in crisis and clinical treatment (4.6, 4.7, 4.8).

Strategies

Strategy 4.1 Lead comprehensive foster care reform through creation of the Office of Children Services Transformation within the Ohio Department of Job and Family Services.

Strategy 4.2 Create an independent ombudsman for Ohio's children services system.

Strategy 4.3 Leverage the Family First Prevention Services Act to enhance Ohio's continuum of care for children in the children services system, including prevention, treatment, and recovery services.

Strategy 4.4 Use the Family First Prevention Services Act to alleviate the need for placement of children in foster care and reduce the number of children in a congregate care setting.

Strategy 4.5 Initiate intensive family finding upon a child's placement in foster care.

Strategy 4.6 Expand Ohio START to at least 50 total participant counties during the biennium, to support families struggling with co-occurring child maltreatment and substance abuse.

Strategy 4.7 Expand access to in-patient care for children with physical or developmental delays and behavioral health needs.

Strategy 4.8 Provide Mobile Response Stabilization Services and on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes and schools.

Performance Targets

- Begin implementation of the prevention services and Qualified Residential Treatment Program guidelines required under the federal Family First Prevention Services Act.
- By June 30, 2021, in-home supports for youth and families to avoid custody relinquishment and increase access to mental health treatments and family supports, with the inclusion of at least one Mental Health/Department of Disabilities provider pilot, will be expanded.
- Ohio START programming will be expanded to additional counties within the state biennium period 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate placement of 70 percent of youth with safe and appropriate adult relatives within the state biennium 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate identification of at least 80 relatives per case within the state biennium 2019-2021.
- Ohio's 30 Days to Family® programming will demonstrate at least one backup placement for 75 percent of youth served within the state biennium 2019-2021.

Lead State Agencies

Department of Developmental Disabilities
Department of Jobs and Family Services
Department of Mental Health and Addiction Services

Goal 5

Provide prevention education in every grade, every year.

Research shows that effective prevention services help individuals develop resiliency to better cope with life stresses and reduce the likelihood of developing substance use disorders, mental illness, or both. An effective continuum of public health prevention ranges from promoting healthy decision-making skills to creating environments that promote and support healthy behavior. Many of the strategies noted below originated with the RecoveryOhio Advisory Council initial report. Systems issues such as children and youth data collection and implementation of social-emotional learning standards are included (5.1) alongside resources for ongoing prevention education (5.2) and professional development for educators (5.3, 5.4).

Strategies

Strategy 5.1 Strategy 5.1 Expand the use of standardized youth prevention survey instruments (Youth Risk Behavior Survey and OHYES!) for improved statewide and community-specific data that can be beneficial for the development of programming to allow local communities to compare their results to the state average and allow state policymakers to compare Ohio to other states.

Strategy 5.2 Expand access to prevention education programming in all Ohio schools.

Strategy 5.3 Provide all school districts with access to statewide professional development resources on mental health, wellness, and drug use prevention education.

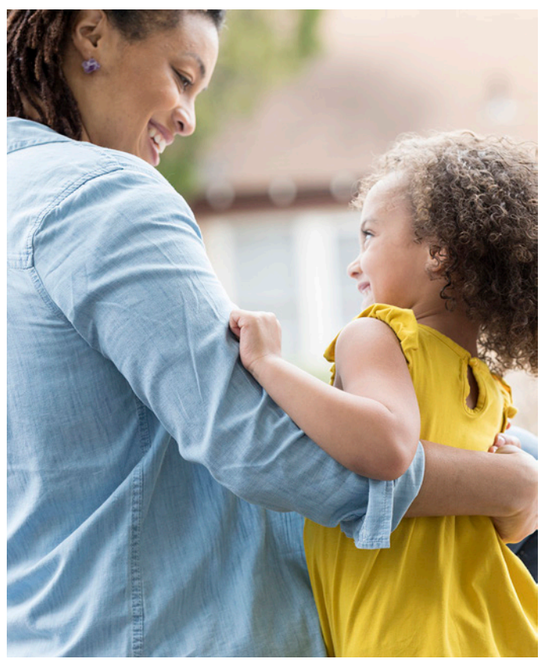
Strategy 5.4 Incorporate the Social and Emotional Learning Standards and the statewide Positive Behavioral Interventions and Support framework into school-based prevention efforts.

Performance Targets

- Increase school district participation in state and national youth behavior surveys.
- By June 30, 2021, at least 75 percent of school districts will complete a self-assessment and action plan for the K-12 Prevention Education Initiative
- By June 30, 2021, at least 50 ADAMH Boards will participate as conveners in the delivery of prevention education in schools.
- By June 30, 2021, at least 75 percent of districts completing action plans will complete an implementation report describing their prevention activities.
- By June 30, 2021, the number and percent of schools that use prevention programs and supports during the school day at elementary, middle, and high school levels will increase.

Lead State Agencies

Department of Education
Ohio Department of Health
Department of Mental Health and Addiction Services



Goal 6

Every Ohio school has access to mental health professionals.

Children of all ages may have mental health concerns; with the recent inclusion of social and emotional learning standards for Ohio's schools, there is acknowledgement that supporting the social and emotional development of school-age children, and not just those in early childhood, is fundamental. Some of the common mental health issues that children experience include ADHD, behavior problems, anxiety, and depression.[xxiv] The role of schools in supporting children's mental health includes attention to collaborative plans with community partners (6.1), dedicated funding for schools (6.2), use of telehealth (6.3), and introduction to career opportunities in the mental health professions (6.4).

Strategies

Strategy 6.1 Empower local districts to work in collaboration with community partners and mental health providers.

Strategy 6.2 Provide Student Wellness and Success funding to schools to address the physical and behavioral health needs of their students.

Strategy 6.3 Continue the Department of Medicaid telehealth pilot program to connect more communities to quality behavioral health care services through telemedicine.

Strategy 6.4 Offer workforce development programming for critical mental health occupations including prevention, social work, school psychology, school counseling, and other behavioral health specialists.

Performance Targets

- By June 30, 2021, more Ohio school buildings will have access to a mental health professional, whether through in-person or telehealth services.

Lead State Agencies

Department of Education
Department of Medicaid
Department of Mental Health and Addiction Services

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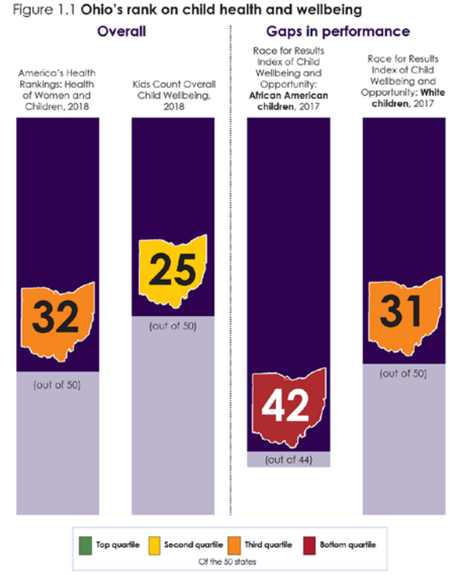
[ii] Figure 1.1 **Ohio's rank on child health and wellbeing**



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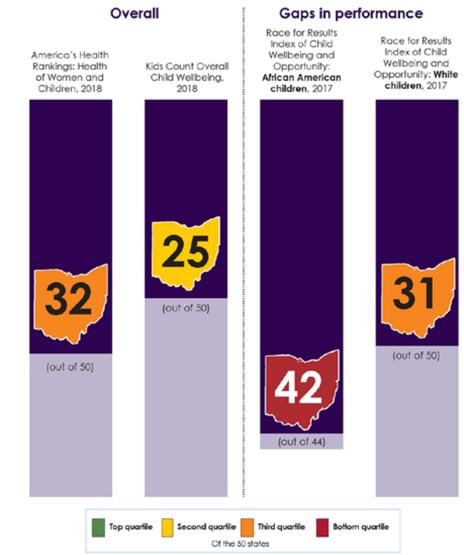

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Ohio
GOVERNOR'S
CHILDREN'S INITIATIVE

Ohio's Early Childhood Strategic Plan:

Growing Ohio's Future

2020 - 2022

"Just as the twig is bent, the tree's inclined."

– Alexander Pope

MIKE DEWINE
GOVERNOR OF OHIO

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